



STATE OF DELAWARE DEPARTMENT OF INSURANCE  
SURPLUS LINES BROKER

Original Report ☐

Amended Report ☐

REPORT OF MULTI-STATE SURPLUS LINES TRANSACTION

Per 18 Del. C. §§ 1903 and 1903.1

Form SL-1903-MS-13

THIS FORM IS TO BE FILED BY, OR ON BEHALF OF, INDIVIDUAL SURPLUS LINES BROKERS ONLY.  
AGENCIES CANNOT TRANSACT BUSINESS AND SHOULD NOT SUBMIT THIS FORM.

**GENERAL INSTRUCTIONS: THIS FORM SHOULD BE USED TO REPORT MULTI-STATE POLICIES ONLY.**

Use this form to report each MULTI-STATE surplus lines policy transaction for which Delaware is the home state of the insured. There should be one form for each multi-state policy written. All forms for multi-state policies should be attached to the SL-1925-Q quarterly tax report for the quarter in which the policies becomes effective.

**PART 1 – POLICY INFORMATION:** All fields are required. Enter the reporting surplus lines broker individual name and DE license number. For endorsements, enter the effective date of the change in the Inception Date field. Enter the entire policy premium, not just the Delaware portion in the Total Premium field. **Remember: If it is determined that Delaware is the home state of the insured, you only report to DE; the entire policy premium must be reported, and 2% tax must be paid to DE on the entire premium amount.**

SL Broker Name:	_____	DE License #:	_____
Name of Insured:	_____	<input type="checkbox"/> New/Renewal Policy	
Insured Address:	_____	<input type="checkbox"/> Endorsement	
Policy Number:	_____	Inception Date:	_____
Name of Insurer:	_____	Total Premium:	_____
Description and Location of Delaware Portion of Risk:	_____		
	_____		

**PART 2 – PREMIUM ALLOCATION INFORMATION:** Check the box for each state with exposure in this policy (including Delaware). Enter the amount of premium allocable to each state (including Delaware) and the percent (%) of the total premium allocable to each state on the appropriate lines.

**Property:** If the risk is real or personal property, allocate premium based on the location of the risk, computed on the basis that was used to calculate the insurable value of the risk.

**Casualty:** Allocate all casualty premiums to the home state of the insured.

State	Allocable Premium \$	%	State	Allocable Premium \$	%	State	Allocable Premium \$	%
AL <input type="checkbox"/>			ME <input type="checkbox"/>			PA <input type="checkbox"/>		
AK <input type="checkbox"/>			MD <input type="checkbox"/>			RI <input type="checkbox"/>		
AZ <input type="checkbox"/>			MA <input type="checkbox"/>			SC <input type="checkbox"/>		
AR <input type="checkbox"/>			MI <input type="checkbox"/>			SD <input type="checkbox"/>		
CA <input type="checkbox"/>			MN <input type="checkbox"/>			TN <input type="checkbox"/>		
CO <input type="checkbox"/>			MS <input type="checkbox"/>			TX <input type="checkbox"/>		
CT <input type="checkbox"/>			MO <input type="checkbox"/>			UT <input type="checkbox"/>		
DE <input type="checkbox"/>			MT <input type="checkbox"/>			VT <input type="checkbox"/>		
DC <input type="checkbox"/>			NE <input type="checkbox"/>			VA <input type="checkbox"/>		
FL <input type="checkbox"/>			NV <input type="checkbox"/>			WA <input type="checkbox"/>		
GA <input type="checkbox"/>			NH <input type="checkbox"/>			WV <input type="checkbox"/>		
HI <input type="checkbox"/>			NJ <input type="checkbox"/>			WI <input type="checkbox"/>		
ID <input type="checkbox"/>			NM <input type="checkbox"/>			WY <input type="checkbox"/>		
IL <input type="checkbox"/>			NY <input type="checkbox"/>			AS <input type="checkbox"/>		
IN <input type="checkbox"/>			NC <input type="checkbox"/>			GU <input type="checkbox"/>		
IA <input type="checkbox"/>			ND <input type="checkbox"/>			PR <input type="checkbox"/>		
KS <input type="checkbox"/>			OH <input type="checkbox"/>			VI <input type="checkbox"/>		
KY <input type="checkbox"/>			OK <input type="checkbox"/>			CN <input type="checkbox"/>		
LA <input type="checkbox"/>			OR <input type="checkbox"/>			OT <input type="checkbox"/>		

**IMPORTANT: ATTACH THIS FORM TO THE SL-1925-Q QUARTERLY TAX REPORT**